

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/17/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

80 Hours of Chronic Pain Management Program

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds that medical necessity does not exist for 80 Hours of Chronic Pain Management Program.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determinations dated 06/20/12, 06/07/12

Request for reconsideration dated 06/14/12

Request for chronic pain management program dated 05/24/12

Functional capacity evaluation dated 05/25/12

Peer review dated 11/09/11, 11/16/11

MMI/IR evaluation dated 07/23/09

Office visit note dated 03/15/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. She was struck in the head by a piece of pipe, which was dropped by a coworker. MMI/IR evaluation dated 07/23/09 indicates that treatment to date includes diagnostic testing, physical therapy, medication management, bracing and TENS unit. Diagnoses are thoracic strain, thoracic spine injury with T9 compression fracture and osteoporosis. She reached MMI as of 06/04/09 with 5% whole person impairment. Evaluation dated 05/24/12 indicates that medications are Lortab and Cymbalta. BDI is 31 and BAI is 20. Diagnosis is pain disorder with both psychological factors and a general medical condition. Functional capacity evaluation dated 05/25/12 indicates that required PDL is medium and current PDL is below sedentary. A request for CPMP was denied on 06/07/12 noting that there were no therapy progress notes provided that objectively documented her clinical and functional response to treatment completed to date to verify the need for an intensive multidisciplinary treatment for this patient. The note dated 05/24/12 noted that all lower levels of care have been exhausted, but there was no comprehensive history of the nature and extent of specific conservative treatment completed to date other than PT, individual psychotherapy and chiropractic treatment. There was also no statement that addressed the patient being more than 24 months disabled. As per

guidelines, there is conflicting evidence that chronic pain programs provide return to work beyond this period. The denial was upheld on appeal dated 06/20/12 noting that no individual psychotherapy progress notes were provided. Per designated doctor report dated 07/23/09, the patient reached MMI on 06/04/09 with 5% whole person impairment. Per peer review report dated 11/16/11, it was opined that no further referrals to specialists, invasive testing, DME, formal physical therapy, chiropractic care, chronic pain management programs, individual psychotherapy, prescription medications or injections would be clinically indicated for this claimant for the compensable injury.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The medical records do not establish that this patient has exhausted lower levels of care and is an appropriate candidate for a chronic pain management program. There are no physical therapy or individual psychotherapy progress notes submitted for review. The patient was determined to have reached MMI as of 06/04/09 with 5% whole person impairment by a designated doctor. Per peer review dated 11/16/11, it was opined that no further referrals to specialists, invasive testing, DME, formal physical therapy, chiropractic care, chronic pain management programs, individual psychotherapy, prescription medications or injections would be clinically indicated for this claimant for the compensable injury. The Official Disability Guidelines do not recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months noting that there is conflicting evidence that these programs provide return to work beyond this period. The reviewer finds that medical necessity does not exist for 80 Hours of Chronic Pain Management Program.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)